Commonwealth of Massachusetts

Department of the State Treasurer Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

Telephone: (617) 727-3040 Fax: (617) 727-1258

Timothy P. Cahill
Treasurer and Receiver General

Eddie J. Jenkins

Chairman

### CERTIFICATE OF COMPLIANCE APPLICATION

#### -APPLICATION PROCEDURES-

PLEASE ANSWER **ALL** QUESTIONS ON THE APPLICATION FULLY AND ACCURATELY. APPLICATIONS NOT COMPLETED OR PROPERLY SIGNED WILL BE RETURNED.

SHOULD YOU NEED ASSISTANCE WITH THIS APPLICATION - PLEASE CONTACT DERON BOBB AT 617-727-3040 Ext. 23.

WEBSITE ADDRESS: WWW.MASS.GOV/ABCC

Please note, question #3

- A) Type or print the location **FROM** which alcoholic beverages are to be shipped **INTO** Massachusetts. Do not put the mailing address unless it is the shipping location. There is a separate line at the bottom of the application for the mailing address.
- B) On the line where indicated, give the area code and telephone number at which an authorized individual can be contacted regarding your Certificate of Compliance application.
- C) If this is a **RENEWAL**, please insert your **existing license number** at the top right hand corner of the application (**NO. C...**) If this is a **NEW LICENSE**, please indicate by writing "**NEW**" at the top right hand corner of the application.

#### - PAYMENT AND MAILING PROCEDURES-

ALL APPLICANTS MUST COMPLETE THE ENCLOSED MONETARY TRANSMITTAL FORM. PRINT OR TYPE YOUR NAME, ADDRESS, CITY/TOWN, STATE, ZIP CODE, COUNTRY ON THE MONETARY TRANSMITTAL FORM, ATTACH YOUR PAYMENT AND APPLICATION TO THE FORM.

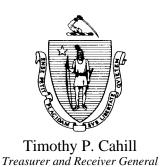
MAIL TO: ALCOHOLIC BEVERAGES CONTROL COMMISSION

P.O. BOX 3396

BOSTON, MA 02241-3369

CHECKS MUST BE MADE PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS AND DRAWN ON ANY AMERICAN BANK.

**QUUESTION 4A:** Please provide the date of registration and number or receipt number of registration filed with the Food and Drug Administration in compliance with the **Public Health Security and Bioterrorism Preparedness And Response Act of 2002.** 



# Commonwealth of Massachusetts

Department of the State Treasurer Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 Telephone: (617) 727-3040

elephone: (617) 727-304 Fax: (617) 727-1258

Eddie J. Jenkins

Chairman

## 20\_\_\_ CERTIFICATE OF COMPLIANCE APPLICATION

(Please type or print).

NO. C.....

## (HIGHLIGHT ALL CHANGES FROM LAST APPLICATION FILED

1	ng dba, if any)
(Pull hame of business include	пу иод, п апу)
2. State below if the applicant is an	individual, partnership or corporation.
3. State below the location of each icensed Wholesalers and Importers	premises <b>from</b> which alcoholic beverages are to be shipped to Massachusetts
(Street and number, City/Tow	n, State-Country-if outside U.S.A.)
(Area Code) Telephone Numb	per
Commonwealth and the Licensing	ich authorize the exportation or sale of alcoholic beverages to licensees in this Authority which issued said license (*Must correspond with No. 3 if licensing is Country).
Commonwealth and the Licensing	Authority which issued said license (*Must correspond with No. 3 if licensing is
Commonwealth and the Licensing nandatory by said State or Foreign  NAME LICENSE	Authority which issued said license (*Must correspond with No. 3 if licensing is Country).
Commonwealth and the Licensing mandatory by said State or Foreign  NAME LICENSE	Authority which issued said license (*Must correspond with No. 3 if licensing is Country).  STATE LICENSING AUTHORITY  and Drug Administration? Date of Registration:
NAME LICENSE  A. Have you registered with the Food a  FDA REGISTRATION NO  5. Do you or any member of your mediate family belong to, own dispersion of the second se	Authority which issued said license (*Must correspond with No. 3 if licensing is Country).  STATE LICENSING AUTHORITY  and Drug Administration? Date of Registration:  immediate family or does the Corporation or Partnership that you or any member of your irectly or indirectly 10% or more of any financial and/or beneficial interest of any
NAME LICENSE  A. Have you registered with the Food a  FDA REGISTRATION NO  5. Do you or any member of your mediate family belong to, own divided assachusetts License? No	Authority which issued said license (*Must correspond with No. 3 if licensing is Country).  STATE LICENSING AUTHORITY  and Drug Administration? Date of Registration:  immediate family or does the Corporation or Partnership that you or any member of your irectly or indirectly 10% or more of any financial and/or beneficial interest of any

(Phone #)	
List Massachusetts Wholesaler/Importer (Type or Print.) Please attach additional	r(s) who are distributing your products and the products each distributes. I page if more space is needed.
WHOLESALER/IMPORTER	PRODUCTS DISTRIBUTED
Pursuant to M.G.L. Ch. 62C, Sec. 49A, we filed all state tax returns and paid all s	I certify under the penalties of perjury that I, to my best knowledge and belief,
Social Security Number	Signature of Individual Date or Corporation Name
Federal Identification Number	by: Corporation Officer Date (if applicable)
Signature of Applicant	LICATION ARE MADE UNDER THE PENALTY OF PERJURY
	or Position Date
`	
`	
(Title  Mail Address  (Area Code) Telephone Number	
. Mail Address	HUSETTS WHOLESALERS AND IMPORTERS ARE AUTHORIZED UNDER TEASSACHUSETTS TO IMPORT ALCOHOLIC BEVERAGES INTO THIS STATE ING SUCH BEVERAGES FROM OTHERS THAN HOLDERS OF CERTIFICATE
(Area Code) Telephone Number  OTE: ONLY DULY LICENSED MASSACIANS OF THE COMMONWEALTH OF MAIEY ARE PROHIBITED FROM IMPORTION WHICH YOU HEREBY APPLY.	HUSETTS WHOLESALERS AND IMPORTERS ARE AUTHORIZED UNDER TEASSACHUSETTS TO IMPORT ALCOHOLIC BEVERAGES INTO THIS STATE I
(Area Code) Telephone Number  OTE: ONLY DULY LICENSED MASSACIANS OF THE COMMONWEALTH OF MAHEY ARE PROHIBITED FROM IMPORTION WHICH YOU HEREBY APPLY.	HUSETTS WHOLESALERS AND IMPORTERS ARE AUTHORIZED UNDER THASSACHUSETTS TO IMPORT ALCOHOLIC BEVERAGES INTO THIS STATE ING SUCH BEVERAGES FROM OTHERS THAN HOLDERS OF CERTIFICATE



# THE COMMONWEALTH OF MASSACHUSETTS ALCOHOLIC BEVERAGES CONTROL COMMISSION THIS SCHEDULE MUST BE TYPEWRITTEN OR PRINTED

# 

This schedule is subje	ect to such rules and regulations as the Alcoholic Beverages Control Commission has or may hereafter adopt.
, ,	norized representative) files the following schedule of prices pursuant to the requirements of I Laws, as amended. This schedule is signed under the penalties of perjury.
Date	(Street Address of licensed premises)
(Name of Licensee)	(City or Town)
Signed by(Signature)	(Massachusetts License or Certificate Number)

Type of Beverage and	Capacity of Container	Where stated on label			PRICE		No. Of Bottles	Discount for Quantity
brand name		Age	If a blend % and kind of Neutral Spirits	Proof or Alcoholic Content	Per bottle (if so sold)	Per Case	Per Case	

MONETARY TRANSMITTAL FOR	RM 4
--------------------------	------

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION POST OFFICE BOX 3396 BOSTON, MA 02241-3396

### APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:			
ADDRESS:			
CITY/TOWN:	STATE:		ZIP CODE:
COUNTRY:		DATE:	

1 LICENSE NAME	2	REV. CODE	3	# OF PERMITS, LICENSES, CERTIFICATES REQUESTED	4	FEE AMOUNT	5	TOTAL (COL.3 X COL.4)
CERT. OF COMP.	31	00	\$	200	\$			
(<5000 CASES)								
CERT. OF COMP.	31	00	\$	500	\$			
(>5000 CASES)								
		•			СН	ECK	\$	
					то	TAL		

# MASSACHUSETTS GENERAL LAWS, CHAPTER 138

CHAPTER 138: SECTION 18B. ISSUANCE OF CERTIFICATES OF COMPLIANCE TO LICENSEES AUTHORIZED TO EXPORT OR SELL ALCOHOLIC BEVERAGES TO DOMESTIC LICENSEES; INFORMATION CONCERNING SHIPMENTS; ISSUANCE OF CERTIFICATES TO IMMEDIATE FAMILY; CANCELLATION AND REVOCATION OF CERTIFICATES.

**SECTION 18B.** The commission shall issue a certificate of compliance to a licensee having a place of business located, and a license granted, outside the commonwealth and whose license authorizes the exportation or sale of alcoholic beverages to licensees in this commonwealth; provided, that such certificate shall be issued upon the condition that the holder shall furnish from time to time as the commission may require, but in no event more often than once each month, information concerning all shipments or sales of alcoholic beverages made by him to licensees in this commonwealth, and that he comply with the provisions of this chapter and any rules or regulations made under authority contained therein which pertain to a licensee of the same class, type or character, doing business in this commonwealth under a license issued by the commission. The commission may suspend, cancel or revoke any certificate issued hereunder for a violation of the terms or conditions thereof. All certificates shall be issued to expire December thirty-first of the year of issuance and the fee therefor shall not exceed ten dollars.

No person who holds a certificate under this section shall hold or be granted a license under section eighteen. A person shall be deemed to hold a certificate under this section and a license under section eighteen if such person or any member of his immediate family holds such a certificate and license. As used in this section the words "immediate family" shall include the certificate holder and his spouse and their parents, children, brothers and sisters.

Violation of the provisions of this section shall be cause for the revocation of all certificates and licenses held by the certificate holder and his immediate family.

In the case of a corporate certificate holder or licensee any person or his immediate family who owns more than ten percent of the stock of such corporation shall be deemed to be the certificate holder or licensee under this section.